

INDIANA PUBLIC HEALTH WORKFORCE DEVELOPMENT EDUCATION & TRAINING TOOLKIT

PART 1 - INTRODUCTION

BACKGROUND

“An almost universal priority for workforce development is ensuring that all public health practitioners have mastery over a basic set of competencies involving generalizable knowledge, skills, and abilities that allow them to effectively and efficiently function as part of their public health organizations or systems.” (CDC-ASTDR, DHHS, CDC) The Institute of Medicine's report, *The Future of the Public's Health in the 21st Century*, 2003, sums up the essence of public health workforce development. Strengthening the effectiveness and efficiency of our public health system is paramount to protecting our community's health as well as preparation for national voluntary accreditation. Indiana Public Health Workforce Development Education and Training Toolkit supports the Healthy People 2010 initiative: “23-8. (Developmental) Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.”

The Indiana Public Health System Quality Improvement Program (PHSQIP) initially collaborated with the Indiana State Department of Health and 28 Indiana counties to participate in the CDC's National Public Health Performance Standards Program. The National Public Health Performance Standards Program was the instrument used to execute the assessment. To date, more than 40 Indiana counties have completed the PHSQIP assessment. The collaborative, comprehensive process uses the framework of the 10 Essential Public Health Services as the assessment standard for measurement. Community partners joined state and local public health agencies to assess the effectiveness of the public health system.

Indiana Public Health Workforce Development Education and Training Toolkit is designed to provide each member of the local health department with tools to help identify responsibilities and skill sets necessary to execute day-to-day public health operations. Effective public health is dependent upon evidence-based principles to guide the education and training of the public health team. The 10 Essential Public Health Services are the core tenets of public health. The skill set checklists utilize the Core Competencies from the Council on Linkages to provide the foundation for workforce development. Indiana Public Health Workforce Development Education and Training Toolkit is not intended to be all inclusive, but rather to serve as a resource and as guidance. Recognizing the variation existing in local health departments, individuals may tailor their skill set checklists and resources to identify, describe, or enhance public health skills.

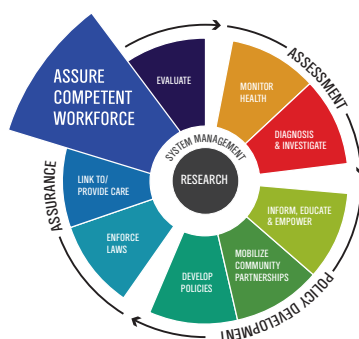
In the next five years 50 percent of public health employees will be eligible for retirement. (Center for State and Local Government Excellence, 2008) By the year 2020 more than 250,000 trained public health workers will be needed to avoid a workforce crisis. (Association of Schools of Public Health [ASPH], 2008) As the public health workforce retires, greater gaps in leadership and institutional knowledge will emerge in public health agencies. (Association of State and Territorial Health Officials [ASTHO], 2008) Many governments face vacancy rates up to 20 percent and turnover rates at nearly 15 percent. (Center for State and Local Government Excellence, 2008) Many local health department workers lack key leadership and management skills, and the lack of formal orientation to public health has resulted in a deficit of core public health skills. (HSC, 2008)



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Working with target audiences about their perceived needs for education and training, social marketing, and collaboration with partners appears to be lacking. This observation may be a direct result of the lack of trained professionals in public health. Approximately 78 percent of public health agency executives have no formal training in public health (Gerzoff and Richards, 1997) and more than 50 percent of states report that lack of trained personnel is a major barrier to preparedness. (ASPH, 2008) The Institute of Medicine (IOM) reports the public health workforce must have appropriate education and training because assuring the health of the public depends upon “well-educated public health professionals.” (2003) As the number of qualified individuals to fulfill vacancies declines, “more capacity to train public health workers is needed.” (Center for State and Local Government Excellence, 2008) Investments in the development, training and retention of existing public health workers are critical. (HSC, 2008)

The effectiveness of public health in Indiana is limited by “too few public health workers” and “insufficient education and training of the public health workforce.” (Public Health and Environment Subcommittee of the Indiana University Healthcare Reform Group, 2007) Indiana has 46 public health workers per 100,000 population while the national average is 138 per 100,000. (Center for Health Policy, 2000) Public health programs are supported through a combination of federal, state and local resources. Federal public health funding for Indiana contributes \$12.47 per capita from the Centers for Disease Control and Prevention (CDC), as compared to the U.S. average of \$17.60. This funding ranks Indiana 50th in the nation. The Health Resources and Services Administration (HRSA) supplies \$10.32 per capita, compared to the U.S. average of \$21.43, resulting in a rank of 49th. (Trust for America's Health [TFAH], 2009) A 2008 study concluded that an investment in evidence-based public health programs could save Indiana \$343 million dollars annually within five years, with a return on investment of \$5.52 per \$1 invested. (TFAH, 2009) In order to implement evidence-based public health programs, state and local health departments must be adequately staffed with well-trained public health workers.



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VISION

Indiana will have a dynamic public health system that continually develops and enhances its capability to effectively carry out the work of public health.

MISSION

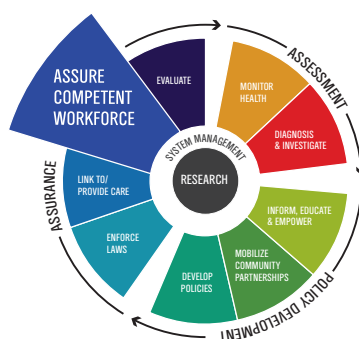
The mission of the Indiana Public Health Workforce Development Workgroup is to improve public health workforce capabilities to deliver the 10 Essential Public Health Services through a Public Health Workforce Development Education and Training Toolkit.

VALUES AND PHILOSOPHY

Public health workers have the right to and the responsibility for continuing professional development. It is assumed that meaningful work motivates professionals to learn, and professional learning is a lifelong process.

The Workforce Development Education and Training Toolkit is based on these core tenets:

- **Assessment** - Commitment to support assessment of public health workforce competencies.
- **Collaboration** - Commitment to partnerships and collaboration among public health organizations, academia, and stakeholders.
- **Diversity** - Commitment to provide culturally enriched workforce development education resources through multiple mediums.
- **Equitable Access** - Commitment to provide statewide access to workforce development resources and education.
- **Incentives** - Commitment to pursue workforce incentives for continuing education and training for public health workers.
- **Investment in Infrastructure** - Commitment to pursue the creation of a sustainable public health workforce development infrastructure.



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PUBLIC HEALTH WORKFORCE DEVELOPMENT PLANNING GOALS AND OBJECTIVES

- Goal 1: Advance a systematic approach to support public health workforce development.
 - Objective: Create and implement a public health workforce development plan, focusing on the training and education of the workforce.
- Goal 2: Promote infrastructure to sustain public health workforce development.
 - Objective: Create and implement a public health workforce development marketing strategy.

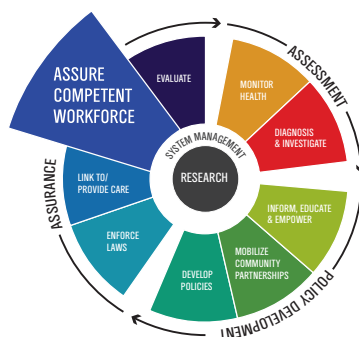
LINKING THE TOOLKIT AND ACCREDITATION

Indiana Public Health Workforce Development Education and Training Toolkit offers technical assistance to local health departments. The toolkit can be used for plan development and implementation as a component of quality improvement and strategy to achieve voluntary public health accreditation.

INTRODUCTION TO 10 ESSENTIAL PUBLIC HEALTH SERVICES

The Indiana Public Health Workforce Development Project is intended to promote public health training and education in Indiana in order to build and sustain a workforce capable of delivering essential public health services to ensure the public's health. The initial focus of this endeavor is to develop a framework for public health training that can be used for developing the competencies of the existing public health workforce.

1. The 10 Essential Public Health Services are based upon national standards as the gold standard for public health. These essential services provide benchmarks for achievement goals, supporting continuous improvement. (CDC, National Public Health Performance Standards Program [NPHPSP], 2008)
2. Core responsibilities for local health departments have been identified according to Indiana Code and Indiana Administrative Code. It is recognized that variations exist in the size, resources and composition of Indiana's local health departments (LHD) directly affecting the composition of staff and functions performed. According to the National Association of City and County Health Officials' (NACCHO) Operational Definition of a Functional Health Department, it is the responsibility of the LHD to identify health issues and assure that these issues are resolved. This may occur directly within the LHD, if those services are available, or through direct collaboration with local partners resulting in resolution of the issue. (NACCHO, p.4) It is recognized that some local health departments may have local ordinances that further define responsibilities specific to their locality.



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The Core Public Health Functions, as identified and defined by *Institute of Medicine 1988 Report, The Future of Public Health*, are Assessment, Policy Development, and Assurance.

Assessment refers to the regular, systematic collection, assembly and dissemination of health related data reflecting the health of the community. This data includes the health status, epidemiologic information, community health needs and studies of other health problems in the community. The Essential Public Health Services correlated to this Core Function include:

E.S. #1: Monitor health status to identify community problem

E.S. #2: Diagnose and investigate health problems and health hazards in the community

The second Core Function, **Policy Development**, defines the development of comprehensive public policies which are designed to protect the health and well being of the population. Decisions are to be data driven, based upon strong scientific evidence and strategically appreciative of the democratic process. The Essential Public Health Services correlated to this core function include:

E.S. #3: Inform, educate and empower people about health issues

E.S. #4: Mobilize community partnerships and action to solve health problems

E.S. #5: Develop policies and plans that support individual and community health efforts

The third Core Function, **Assurance**, refers to the process of de-termining that “services necessary to achieve agreed upon goals are provided, either by encour-aging actions by other entities (public or private sector), by requiring such action through regula-tion, or by providing services directly.” (IOM, 1988) The Essential Public Health Services correlated to this Core Function include:

E.S. #6: Enforce laws and regulations that protect health and ensure safety

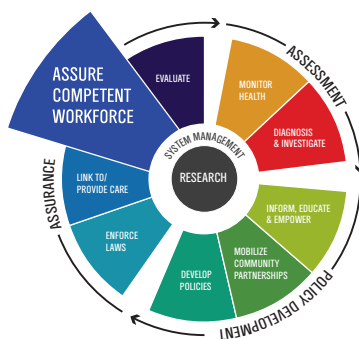
E.S. #7: Link people to needed personal health services and assure the provision of health care

E.S. #8: Assure a competent public health workforce

E.S. #9: Evaluate effectiveness, accessibility and quality of health services

The final Essential Public Health Service refers to the iterative nature of public health, constantly innovative and developing. Research correlates with all of the Essential Services. (IOM, 1996)

E.S. #10: Research for new insights and innovative solutions to health problems



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	Essential Public Health Service	Essential Service In Everyday English
E.S. #1	Monitor health status to identify community health problems	What is going on in my community? How healthy is my community?
E.S. #2	Diagnose and investigate health problems and health hazards in the community	Are we ready to respond to health problems or threats in our county? How quickly do we respond to threats? How effective is our response?
E.S. #3	Inform, educate, and empower people about health issues	How well do we keep all segments of our county informed about health issues?
E.S. #4	Mobilize community partnerships to identify and solve health problems	How well do we get individuals and organizations engaged in health issues?
E.S. #5	Develop policies and plans that support individual and community health efforts	What are state level policies affecting the health of our community? How effective are we in developing and executing community health policies?
E.S. #6	Enforce laws and regulations to protect health and ensure safety of our community	When we enforce health laws, are we current, technically competent, fair, and effective?
E.S. #7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Are people receiving the medical care they need?
E.S. #8	Assure a competent public health personal health care workforce	Do we have a competent public health staff? How can we be assured our staff stays current?
E.S. #9	Evaluate effectiveness, accessibility and quality of personal and population based health services	Are we doing any good? Are we doing things right? Are we doing the right things?
E.S. #10	Research for new insights and innovative solutions to health problems	Are we discovering and using new ways to get the job done? What is the scientific evidence behind what we are doing?



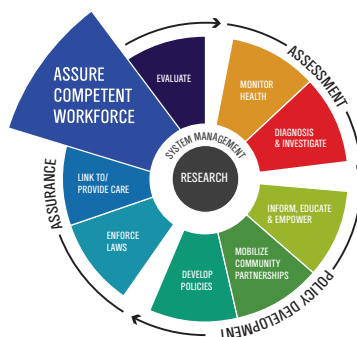
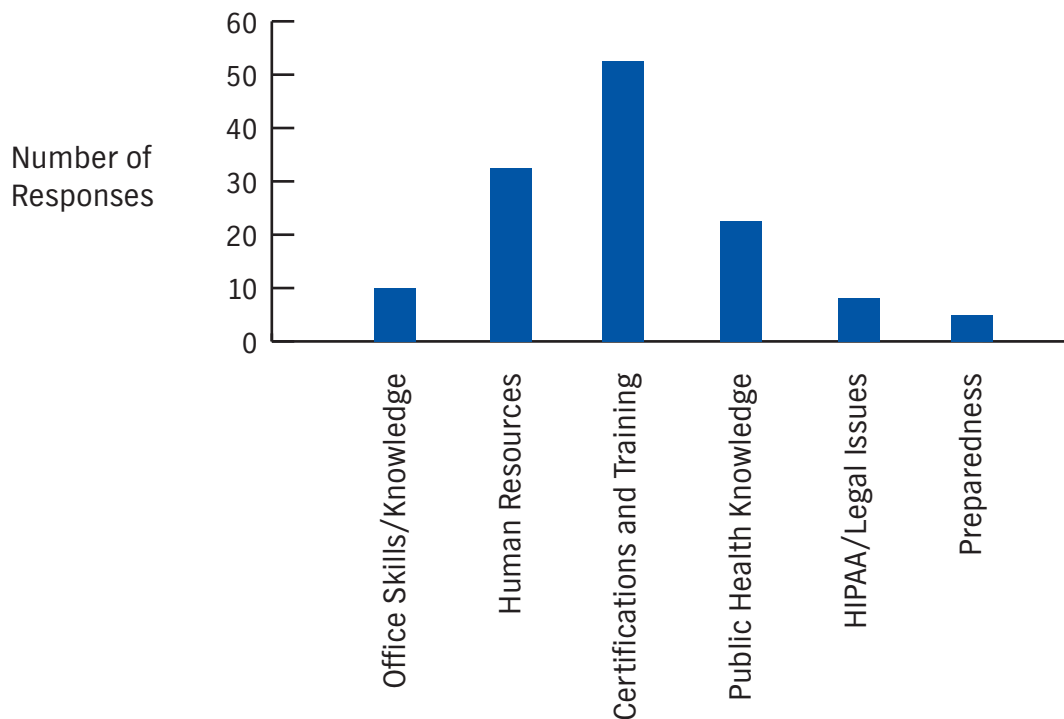
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Local Health Department Training Needs Assessment

This training needs assessment was completed by Barb Gibson, ISDH, from November, 2008 through January, 2009 with the following counties:

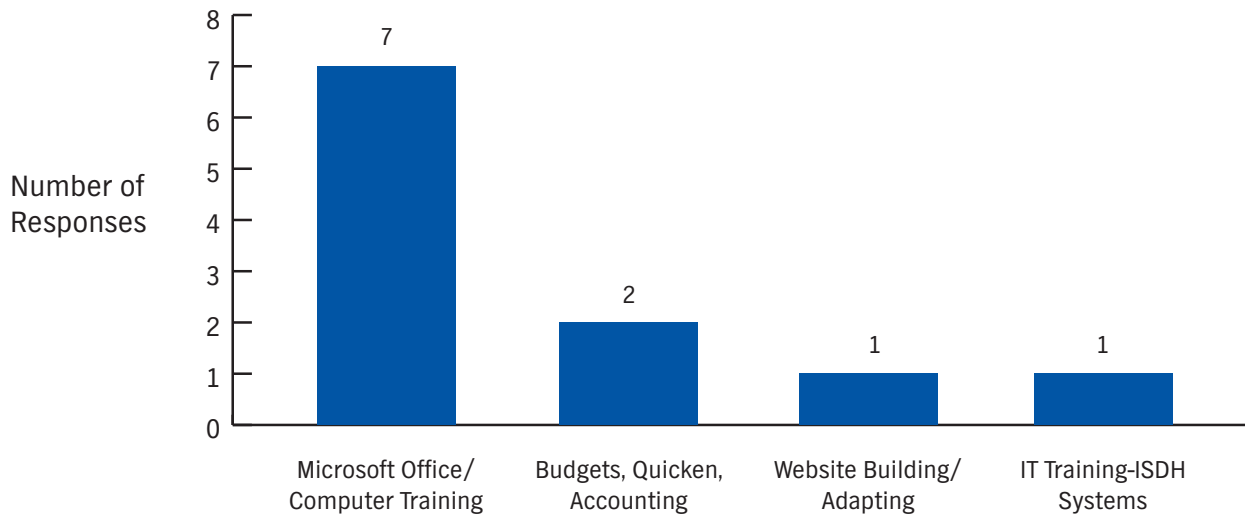
Boone	Parke
Dubois	Porter
Fountain/Warren	Randolph
Henry	Ripley
Huntington	St. Joseph
Monroe	

LHD Identified Training Needs Overview (n=132)



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Office Skills/Knowledge (Subdivided, n=11)



Human Resources/Employee (Subdivided, n=33)

